



**STATE OF TENNESSEE  
HOME INSPECTOR LICENSING PROGRAM**

Department of Commerce and Insurance  
500 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37243-1138  
615-741-1741  
FAX: 615-253-1179

[www.state.tn.us/commerce/boards/hic/index.html](http://www.state.tn.us/commerce/boards/hic/index.html)

Date Received \_\_\_\_\_ Transaction # \_\_\_\_\_ File # \_\_\_\_\_

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***APPLICATION FOR HOME INSPECTOR LICENSE***

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**FOR LICENSING CONSIDERATION PER THE HOME INSPECTOR LICENSE ACT OF 2005, PLEASE  
SUBMIT THIS APPLICATION**

All information **must be typewritten or legibly printed** and all questions must be answered. The application, along with a **\$ 300.00 nonrefundable** application fee must be submitted together in order to process. Please make your check payable to: **Department of Commerce and Insurance**, and mail to: **Department of Commerce and Insurance, Home Inspector Licensing, 500 James Robertson Parkway, 2<sup>nd</sup> Floor, Nashville, TN 37243.**

**PERSONAL INFORMATION**

1. Name: Mr. \_\_\_\_ Ms. \_\_\_\_  
Last Name First Name Middle or Maiden

2. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Social Security No. \_\_\_\_\_

4. Current Address: Furnish both addresses (if Business is operated from Residence, please put "same" on the Business line) and indicate the preferred mailing address with an "X" in the appropriate box. **Chapter 65 of the Public Acts of 2005, § 7 requires you to keep the Home Inspector Licensing Office informed of your current mailing address.**

**At least one address must be a physical address**

( ) Residence \_\_\_\_\_  
Street or P.O. Box City County State Zip Code

( ) Business \_\_\_\_\_  
Name of Business

Street or P. O. Box City County State Zip Code

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### **LICENSURE STATUS**

List States in which you hold a current home inspector license \_\_\_\_\_

	State	License #
_____	_____	_____
_____	_____	_____

State License # State License #

### **EDUCATION**

A copy/copies of the documentation you received upon completion of your 90 hours of home inspector training courses must be included with your application. **The documentation must include one of the following:**

- ☐ High School Diploma
- ☐ Copy of high school transcript which **clearly** indicates the graduation date.
- ☐ Copy of college transcript which **clearly** indicates the high school graduation date.
- ☐ GED Certificate

### **HOME INSPECTION TRAINING PROGRAMS**

A copy/copies of the documentation you received upon completion of your 90 hours of home inspector training courses must be included with your application. The documentation must include the following:

1. Name of school/entity offering the courses.
2. Title of courses completed.
3. Hours granted.
4. Date(s) of course(s) taken.
5. Signature and title of school designee.
6. Location site of instruction. (If inclassroom setting)

### **CONFIDENTIAL HISTORY**

(1) Have you ever been convicted of or pled guilty or nolo contendere to any felony or any crime?  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

(If "Yes" attach a copy of the arrest warrant or bill of indictment, the court's judgment, release from parole or probation or pardon. Provide a complete written explanation.)

(2) Have you ever been denied a license, or had a license suspended or revoked by Tennessee or another state or local jurisdiction?  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

(If "Yes", attach a copy of the licensing authority's complaint or decision. Provide a complete written explanation)

(3) Have you ever been denied a license in connection with the performance of home inspections or the licensing or certification of home inspectors?  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

(If "Yes", attach a copy of the licensing board's complaint or decision. Provide a complete written explanation.)

### **WORK HISTORY**

List your work experience for the past 5 years. Begin with your present employment and list each previous employer. (If you were selfemployed during any employment period, place an "x" in the box, and complete the section with that information):

( ) Selfemployed

Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name (if applicable) \_\_\_\_\_ Phone No. \_\_\_\_\_  
Date Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_  
Brief Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Selfemployed

Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name (if applicable) \_\_\_\_\_ Phone No. \_\_\_\_\_  
Date Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_  
Brief Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Selfemployed

Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name (if applicable) \_\_\_\_\_ Phone No. \_\_\_\_\_  
Date Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_  
Brief Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Selfemployed

Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name (if applicable) \_\_\_\_\_ Phone No. \_\_\_\_\_  
Date Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_  
Brief Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Selfemployed

Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name (if applicable) \_\_\_\_\_ Phone No. \_\_\_\_\_  
Date Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Title \_\_\_\_\_  
Brief Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **AFFIDAVIT**

I hereby certify that I have read and understand the Tennessee Home Inspector License Act of 2005, and that the information contained within this application is true and complete to the best of my knowledge. If granted a license by the State of Tennessee Home Inspector Licensing Program, I will uphold the Laws and Rules, Code of Ethics and the Standards of Practice as adopted by the Commissioner of Commerce and Insurance, and I acknowledge and understand that any false or misleading information may result in failure to obtain licensure or subsequent disciplinary action against my license.

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Signature of Applicant

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Date